

Certificate of Fitness

(Valid for 1 Year)

Construction Site ☐ Mining ☐ General ☒

Company : Ubhejane Cranes
Name : V M Radebe
Date : 30/08/2018
Position : Technician *ASSISTANT*
I.D.No: 7905015529087

Examination includes:

- | | | | | |
|---|---|--|-----------------------|------------------|
| ☒ Health Questionnaire and Physical examination | - Family Medical History | - Personal Medical History | - Tuberculosis | - Questionnaire |
| | - Occupational History | - Physical Appearance | - Glandular/Endocrine | - Cardiovascular |
| | - Abdomen | - Skin-Visual Acuity | - Musculo-Skeletal | - Medication |
| ☒ Lung function test | ☐ Baseline Audiogram | ☒ Screening Audiogram | | |
| ☐ Bronchodilator test | ☒ TB Questionnaire | ☐ X-Ray Chest | | |
| ☐ Orthorator/Keystone | ☒ L65/ R6/5 Snellen Chart | ☐ ECG | | |
| ☒ Fields | ☒ Colour Vision | ☒ Depth perception | | |
| ☒ Drug Testing | ☐ Heat stress | ☒ Work at Heights Evaluation | | |
| ☒ K10 Stress Evaluation | | | | |

Outcome of medical examination:

CERTIFICATION:	YES	NO	N/A	COMMENT/REASON:
Fit for work as per job description	x			
Fit to work at heights.	x			
Fit to drive Vehicle/Hyster			x	
Fit to work in hot conditions	x			
Fit for restricted work			x	
Temporarily unfit for work.			x	
Permanently unfit for work.			x	

Examiner/Physician Signature:

[Signature]
Double Click to Sign

Dr EM Liebenberg (MBBCh, DOH)
Clinic Stamp: **WORKMED**
PRACTICE NO.: 1440411
OIL & GAS UK: OGUK/2009/1349
SAMSA ACCREDITATION: MP0027/09
Southgate Business Park, Umbogintwini
P.O. Box 142, Umkomaas 4170
Tel: 031-914 4892 Fax: 031-914 4172

Print name: Dr E M Liebenberg (MBBCh, DOH) – Managing Director - WorkMed Group

Date of examination: 30/08/2018 Date of Expiry: 30/08/2019

Medical results Remarks:

PHYSICAL EXAMINATION

Employee Name : VM Radebe
ID Number : 7905015529087

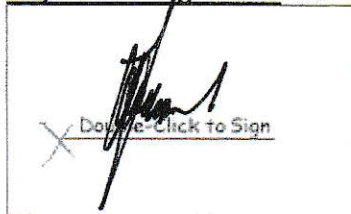
NEUROLOGICAL ASSESSMENT

<u>Reflexes</u>	Present	Absent	Comments
A) Patella	x		
B) Ankle	x		
<u>Nystagmus</u>		x	
	Normal	Abnormal	
<u>Rombergs Test</u>	x		
<u>Appendicular coordination</u>			
A) Finger to nose	x		
B) Rapid Alternating hand movements	x		
<u>Gait</u>			
A) Normal	x		
B) Heel Toe	x		
<u>Visual Fields</u>	x		

Conclusions:

CERTIFICATION:	YES	NO	COMMENT/REASON:
Fit for work at heights as per job description	x		
Fit for restricted work			
Temporarily unfit for work.			
Permanently unfit for work.			

Physician's signature:


Do not Click to Sign

Official Company stamp:

Dr EM Liebenberg (MBBCh, DOH)
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Physician's name and qualifications:

Dr EM Liebenberg (MBBCh, DOH)

Date of examination: 30/08/2018

Date Of Expiry: 30/08/2019

WORKMED OHS FORM	PAGE:	REVISION NO: 1/2015
Document N° QS Form OHS008 KZN	Page 1 of 1	Created by: E M Liebenberg Revised by: EML/10 July 2015

Step Test – Physical Work Capacity (Heat Stress Evaluation)

Employee name: V M Radebe Initials V M Sex: M
ID No: 7905015529087 D.O.B: 01/05/1979 Age: 38
Occupation/Job title: Technician Work Load Medium
Company: Ubhejane Cranes Tel No: _____
Address: _____ Date: 30/08/2018

History

Previous test: N History of chest pain on exertion: N Previous coronary episode: N
f **YES** then date of episode: _____
Dyspnoea: N History of Cardiac disease: N
Current medication: Niln
Recent illness or hospitalisation: Nil
History of heat disorder: N Date: _____
Respiratory problems including asthma: Nil
Remarks: _____

Employee Signature: _____

Examination

Height: 175 Weight: 75.4 Urine test: NAD
Blood sugar if indicated: N/A Body/Mass Index: 24.4
Initial BP Seated: 120/80 Pulse Rate: 68 Regular: _____
Oedema: N Cyanosis: N Skeletal abnormality: NAD
Pulse rate after 10 mins of exertion: 88 B.P: 140/80
Work Capacity: Medium Date of Test: 30/08/2018
Fit to work in hot conditions: Y Remarks: _____

Expiry Date: 30/08/2019

Examiners' signature: _____

Print Name: _____

Designation: _____

Company Stamp
Dr EM Liebenberg (MBBCh, DOH)
WORKMED
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WORKMED OHS FORM	PAGE:	REVISION NO: 1/2010
Document No QS Form OHS009 KZN	Page 1 of 1	Created by: E M Liebenberg Revised by: EML/28 Sept. 2010

Employee Details

Employee 7905015 MR VM RADEBE Employed on - - Mal
Birth date 1979-05-01 (39)
Department Company UBHEJANE CRANES
Biological M Occupation TECHNICIAN
Next Test 2020-08-26 Aux/ID. 7905015 7905015529087

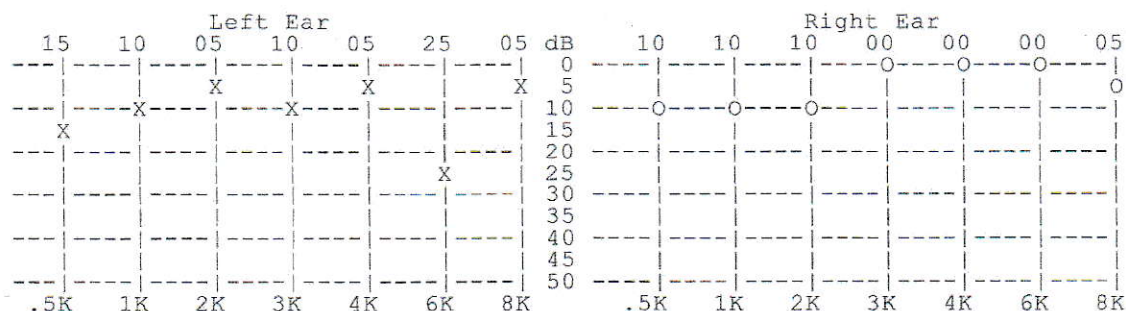
Deterioration from Baseline RADEBE V 7905015

Date TYP .5K 1K 2K 3K 4K 6K 8K .5K 1K 2K 3K 4K 6K 8K PLH DETER
Baseline or Compensation audiograms not found.
2018-08-30 1624 SC 15 10 05 10 05 25 05 10 10 10 00 00 00 05 1.1 ?-

BL-Baseline SC-Screening MO-Monitoring DI-Diagnostic
CO-Compensation BC-Baseline Comparison EX-Exit

Screening Audiogram RADEBE V 7905015 2018-08-30 162

PLH: 1.1% PLH Shift from Baseline: ?% Deterioration: ?dBHL Ear: Freq:
CAT:1 PBI: 0.0% RTS: Ear: Freq: ABHL: 8.75



Company :UBHEJANE CRANES
Biological:

Department:
Occupation:TECHNICIAN

Tested by Supervisor: [Signature]
Tremetrics RA300 Audiometer #2220

Employee's acceptance: [Signature]
Calibration Date: 1701

Employee Notes

-- End of document --

Dr Errol M. Liebenberg (MBBCh, DOM)
Occupational Health & Travel Medicine Practitioner
Southgate Business Park, Umbogintsoi
P.O. Box 142 Umkomaas 4170
Tel: 031 914 4892
Fax: 031 914 4172

Lung Function Test Details

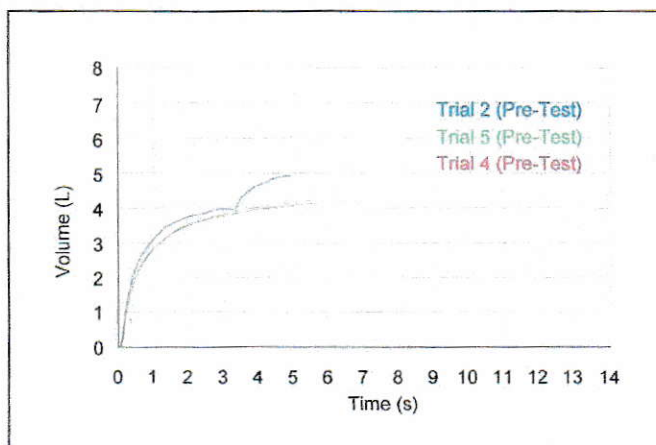
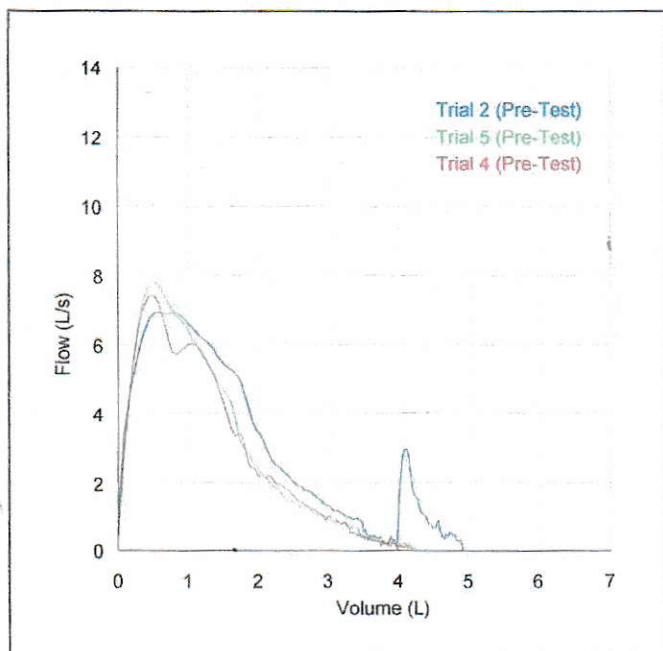
WORKMED - UMBOGINTWINI

2018-08-30 16:51:42

IJEBW15; clinic

Patient Number:	7905015529087	Gender & Ethnic:	Male / African	Company:	UBHEJANE CRANES
Patient Name:	Radebe, Vivian M	Height & Weight:	1.75 m / 75 kg (24.49)	Department:	
Identity No:	7905015529087	Smoker:	=?	Position:	TECHNICIAN
Date of Birth:	1979-05-01	Asthma:	=?	Service:	
Test Date:	2018-08-30	Test Time:	16:50:14	Operator:	clinic
Predicted Ref:	ERS/ECCS * 0.9	Session Quality:	=?	Acceptable:	3/5
Reproducible:	Yes	Variability:	FEV1 0.15L 4.53%, FVC 0.30L 6.19%		
Interpretation:					
Calibration:	Easy on-PC	Calibration Time:	2018-08-27 08:05:06	Room Temperature:	21.00 deg C
Spirometer S/N:	222233	Operator:	clinic	Barometric Pressure:	1,018.00 mm Hg
Syringe Serial No:	2007SY485	Syringe Volume:	3.00 L	Relative Humidity:	36.00 %

Parameter	Pred	Trial 2	Trial 5	Trial 4	Trial 3	Trial 1	Pred %
Acceptable	-	Yes	Yes	Yes	No	No	-
FVC (L)	4.25	4.90	4.22	4.12	4.60	4.49	115.30
FEV1 (L)	3.51	3.19	2.90	2.92	3.34	3.01	90.67
FEV1/FVC (%)	80.10	64.96	68.81	70.96	72.53	67.11	78.64
PEF (L/s)	9.22	6.92	7.82	7.43	6.00	8.50	75.03
FEF 25-75 (L/s)	4.42	1.58	1.85	2.02	2.40	1.90	35.80
FEF 75 (L/s)	2.21	0.39	0.82	0.92	0.67	0.93	17.51
FEF 50 (L/s)	5.07	2.12	2.11	2.16	3.69	2.07	41.82
FEF 25 (L/s)	7.95	6.11	6.12	6.03	5.93	5.81	76.77
FET	-	4.77	5.60	5.28	5.68	6.80	-



Notes

Acknowledgement >>

Operator:

[Signature]

Date:

30.08.2018

Patient:

[Signature]

Date:

30.08.2018

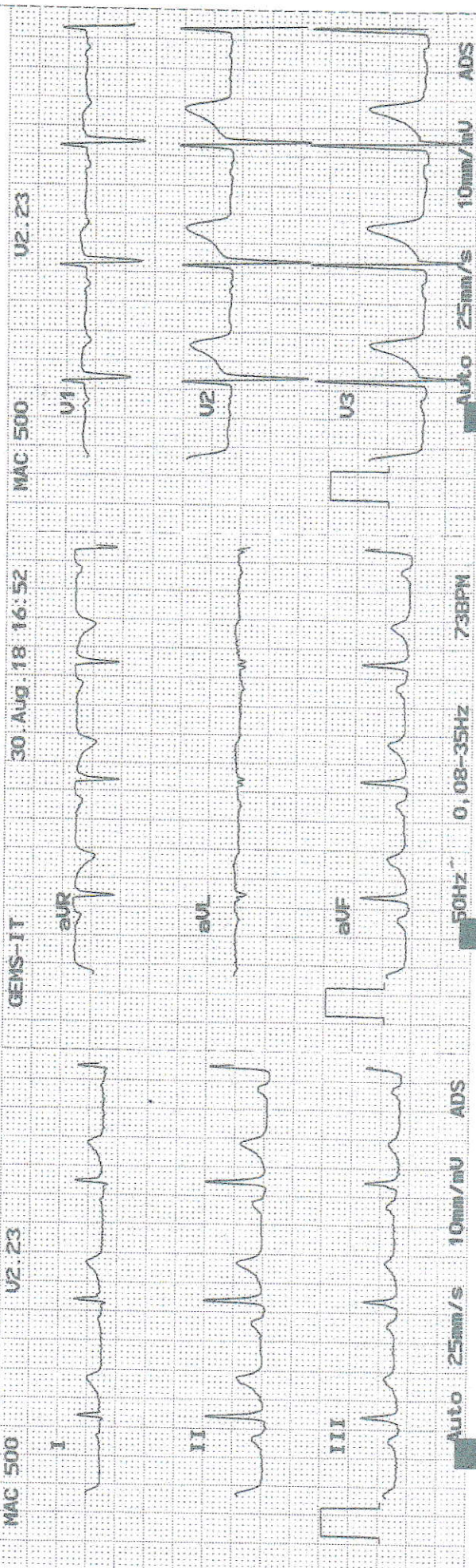
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ECG 12-12

CE 0459

226 167 02

Contrast



CE 0459

Contrast 226 167 02

30. Aug. 18 16:52

GEMS-IT

ADS

